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# *COVID-19* **RACIAL EQUITY RAPID RESPONSE FRAMEWORK**



## PURPOSE

Decisions made in response to the COVID-19 pandemic are critical to the recovery and resiliency of the City of Alexandria and its residents. Race and social inequities<sup>1</sup> that exist across all indicators for success are sustained by historical structures and systems that repeat patterns of exclusion. To stop this cycle racial and social equity<sup>2</sup> must be at the center of our recovery. This recovery effort presents a unique opportunity to demonstrate alignment and support of our core values in a targeted way.<sup>3</sup>

The decisions made by the City will have impacts both now and long after this crisis ends. To facilitate centering of racial and social equity, this tool should be used to examine how Latinx, BIPOC<sup>4</sup>, historically marginalized<sup>5</sup> communities will be affected, both short-term and long-term, by a proposed action or decision of the City during the COVID-19 crises and recovery.

## EQUITY IS EVERYONE'S JOB

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## INSTRUCTIONS

- ▶ Have this tool available during any meeting where decisions are being made related to COVID-19 response and recovery. Before a decision is made, answer the seven questions on the next page.
- ▶ Include staff with a variety of experiences, backgrounds, and skills at the decision-making table. Identify groups and individuals most likely to be impacted. If possible, involve them in the decision-making process.
- ▶ If you need assistance completing the tool, please contact Jaqueline at [jaqueline.tucker@alexandriava.gov](mailto:jaqueline.tucker@alexandriava.gov) and check out the resources listed in the tool.

**AS THE CORONAVIRUS PANDEMIC CONTINUES  
TO UNFOLD, WE DO NOT WANT TO SEE OLD  
PATTERNS PLAY THEMSELVES OUT AGAIN.**

**AS YOU BEGIN TO THINK ABOUT RECOVERY PROGRAMS AND POLICIES,  
CONSIDER THE FOLLOWING QUESTIONS:**

1

What is the policy, program, budget decision being made? Who is involved in the decision?

2

Who will benefit from this decision?

3

How will this decision prioritize people and communities who need it the most and are already marginalized (lower income, disabled, communities of color)?

4

Who will be burdened by this decision? Explain how.

5

What are the strategies to mitigate unintended consequences of this decision?

6

Explain how this is accessible in terms of ability, immigration status, race, or gender identity?

7

Does this decision align with CHIP priorities of housing, poverty, mental health?

**HISTORICALLY, MARGINALIZED COMMUNITIES  
ARE OFTEN LEFT BEHIND IN CRISIS RESPONSES  
AND AS THE RESULT OF DECISION MAKING  
THAT ISN'T ROOTED IN EQUITY.**



# COVID-19 EQUITY OPERATING FRAMEWORK

Much of the content from the first three principles listed here are borrowed from the National Innovation Services March 27, 2020 blog post entitled: “An Equitable Systems Transformation Framework for COVID-19”, which can be found at:

<https://www.nis.us/blog/0jpt3zevqsdwgd3hv2zv2n74xckhvz>

## 1

### **RACIAL, SOCIAL, AND ECONOMIC EQUITY IS STILL OUR PRIORITY.**

Key populations to include in our decisions:

- ▶ **Black People**
- ▶ **Latinx People**
- ▶ **Asian People (particularly people who are being targeted with racist attacks right now)**
- ▶ **Pacific Islanders**
- ▶ **People Who Identify as LGBTQIA+**
- ▶ **Native and Indigenous People**
- ▶ **Trans and Gender-Expansive People**
- ▶ **People Who Are Incarcerated or Formerly Incarcerated**
- ▶ **People Without Immigration Documentation**
- ▶ **People Living with Disabilities**

All these groups are facing elevated risks that we still don't fully understand and have community needs that must be accounted for. And, to be clear, these voices should not be relegated to specialized “equity” tables. They must be incorporated into the regular command structure of our emergency management centers so that they have the ability to accelerate solutions and, when necessary, prevent or stop harm to their communities.

**AT THE CITY OF ALEXANDRIA, WE ARE COMMITTED TO EQUITY, AND NOW MORE THAN EVER, EQUITY MUST BE EVERYONE'S JOB, AND BE EMBEDDED INTO EVERY DECISION MADE IN EVERY DEPARTMENT.**

## **2** IMPACTED ARE IN THE ROOM.

Good emergency management decision making is typified by its speed. In an emergency we are better served by moving quickly than by moving perfectly. This often creates a tension between acting quickly and acting equitably. This is particularly true because of the guidance we have repeatedly given that equity-based decisions require slower processes. This is still true.

What's critical for us to remember is that equity-based decisions can still be made quickly if the right people are already in the room. Now is the time to look around our decision-making tables. Are your staff trained in equity at the table? Are members of the most marginalized communities at the table?

## **3** WE HAVE A UNIQUE OPPORTUNITY TO STEP INTO RACE AND SOCIAL EQUITY

Cities, counties, and states have the power to set their own standards around non-discrimination, around ensuring dollars get to businesses and providers owned and operated by folks from marginalized communities. Now is the time to ensure that those standards are strong, that they do not require federal support, and that you are prepared to enforce them.



# CONCLUSION

*An Excerpt from a Message by Michael McAfee, President and CEO of PolicyLink*

During this health and financial crisis, leaders must commit to a recovery that benefits all people, including people living in or near poverty and to restructuring our democracy and economy so it works for everyone. More than 100 million people, most of whom are people of color, have struggled to make ends meet even before this pandemic. Leaders must meet this crisis with the truth about what the nation needs to stabilize, rebuild, and prosper. We must change the rules of the game to reverse toxic inequality, remove the burdens and barriers of structural racism, and rebirth a just and fair nation for all.

To realize the promise of equity — just and fair inclusion into a society in which all can participate, prosper, and reach their full potential — leaders must be dedicated to the full set of principles outlined below. This is not a list to follow sequentially or a menu from which to pick and choose. Rather, these principles, collectively, must guide leaders in developing plans and policies and executing on them to deliver equity results. This guidance emerges from a cross-section of people, the expertise of many organizations in the equity movement, and PolicyLink experience in partnering with local residents and leaders to chart a course toward equitable recovery after Hurricane Katrina and the 2008 financial collapse.

From this moment, every action — every policy and investment — must provide significant, sustained support to the people hurting most and serve as a bridge to creating an equitable economy, an inclusive and compassionate society, and a strong, accountable democracy. It is time to “Win on Equity”!

Yours in struggle and solidarity,

Michael McAfee, President and CEO of PolicyLink

**1** CENTER RACIAL EQUITY

**2** PUT PEOPLE FIRST

**3** INVEST IN COMMUNITY  
INFRASTRUCTURE

**4** BUILD AN EQUITABLE ECONOMY

# APPENDIX A

## Why people of color and low-income families are more vulnerable to COVID-19 infection and death?

### ● Greater exposure to virus:

- More likely to live in neighborhoods where social distancing is difficult.
- More dependent on jobs (e.g., in service industries) that do not allow them to stay home.
- More likely to lack a vehicle and depend on public transit, heightening exposure to commuters.
- More likely to be incarcerated or in detention facilities.
- Overrepresented in the armed services, where they are more likely to be housed in close proximity on military bases and naval vessels.

### ● Greater susceptibility to complications from infection:

- More likely to have chronic diseases that make COVID-19 lethal, such as diabetes, chronic lung disease, and heart disease.

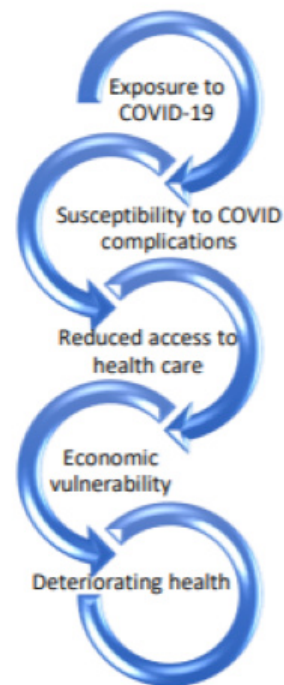
### ● Reduced access to care:

- Less likely to have adequate health insurance coverage and to be able to afford out-of-pocket expenses.
- Diminished access to COVID-19 testing.
- More compelled to delay care, for reasons ranging from concerns about costs and work responsibilities to fears among immigrants of potential repercussions.
- Less access to behavioral health services to cope with stresses on mental health.

### ● Greater economic vulnerability:

- More likely to have faced economic challenges before the pandemic and to have limited savings or disposable income to sustain expenses during the shutdown.
- Greater risk of food insecurity and unstable housing.
- Less likely to have been given furloughs and more likely to have lost their jobs and work benefits, and are therefore more likely to be seeking employment and require unemployment assistance after economic activity resumes.
- More likely to experience delayed recovery from the economic shutdown and prolonged financial insecurity.

### ● Health complications from economic deprivation



## APPENDIX B: WORKSHEET

As you begin to think about recovery programs and policies, consider the following seven questions:

1. What is the policy, program, budget decision being made? Who is involved in the decision?
2. Who will benefit from this decision?
3. How will this decision prioritize people and communities who need it the most and are already marginalized (lower income, disabled, communities of color)?
4. Who will be burdened by this decision? Explain how.
5. What are the strategies to mitigate unintended consequences of this decision?
6. Explain how this is accessible in terms of ability, immigration status, race, or gender identity?
7. Does this decision align with CHIP priorities of housing, poverty, mental health?



## ENDNOTES

- <sup>1</sup> Racial Inequity; Race being the number one predictor of how well and individual will fare across all social, political, cultural and economic indicators.
- <sup>2</sup> Racial Equity – Racial Equity is the correction of broken systems so that's one's racial identity is not a predictor of life outcomes. This includes elimination of policies, practices, attitudes and cultural messages that reinforce differential outcomes by race or fail to eliminate them. *Source: Center for Assessment and Policy Development*
- <sup>3</sup> Targeted Universalism – is an analysis that alters the usual approach of universal strategies (policies that make no distinctions among citizens' status, such as universal health care) to achieve universal goals (improved health), and instead suggests we use targeted strategies to reach universal goals. Targeted universalism is used as a design principal within equity work in order to produce broad benefits for everyone.
- <sup>4</sup> Black, Indigenous, People of Color
- <sup>5</sup> Historically marginalized – groups and communities that experience discrimination and exclusion (social, political and economic) because of unequal power relationships across economic, political, social and cultural dimensions.